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S. FRANKLIN
JUN 2 1 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Lady Lightning Gold Inc. Name of Corporation - must include suffix			
Dear Sir or Madam:			
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.			
Please return all correspondence concerning this matter to the following:			
John Corn Name of Person			
Lady Lightning Gold &			
209 S. Madera Drive			
Mockey: NC 27028 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Brooke De Marco at (413) 530-2443 Name of Person Area Code Daytime Telephone Number			
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{l} \\$70.00 \text{ Filing Fee} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	ss in Florida)		
(State or country under the law of which it is incorporated) (FEI number, if applicable)			
(Date of Incorporation) (Date of Incorporation) (Date of duration, if other than per	netual)		
Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determin	•		
	e penalty liahilit		
209 S. Madera Drive			
Muc VSU 1119 Nr (Principal office street address)	202		
	. —		
27028	7-1		
n/a-same (Current mailing address, if different)	72		
n/a-same (Current mailing address, if different)	2022 H. Y 23		
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Purpose(s) of corporation authorized in home state of country to be carried out in the state of Florida)	23		
Purpose(s) of corporation authorized in home state of country to be carried out in the state of Florida)	23 FM11:2		
Purpose(s) of corporation authorized in home state of country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	23 FM II:		
Purpose(s) of corporation authorized in home state of country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	23 FM11:2		
Purpose(s) of corporation authorized in home state of country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David Caspilo fice Address: 3182 Turk beit Lane	23 FM11:2		
Nocksville, NC (Principal office street address) Nocksville, NC (Principal office street address) 27028 Na— Same (Current mailing address, if different) (Purpose(s) of corporation authorized in home state of country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David Caspilo Talkalassee , Florida 32311 (City) (Zip Code)	23 FM11:2		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not mure than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	ts					
X Chairman	Name: John Corn	□Chairman	Name:			
□Vice Chairman	Address: 209 S Madera Dr.	□Vice Chairman	Address:			
□Director	Mocksville, NC 27028	□Director				
President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
Other:	Other:	□Other:		□Other:		
□Chairman	Name: Michelle Corn	□Chairman	Name:			
□Vice Chairman	Address: 209 S Madera Pr.	□Vice Chairman	Address:			
X Director	Mocksville, NC 27028	□Director		——————————————————————————————————————		
□President		□President				
□Vice President		□Vice President				
□Secretary	Treasurer	□Secretary		☐Treasurer—☐		
□Other:	☐ Other:	□Other:		Other:		
□Chairman	Name: Brooke DeMarco	□Chairman	Name:			
□Vice Chairman	Address: 3229 Oak Grove	□Vice Chairman	Address:			
Director	Circle	□Director				
□President	Paleigh, NC 27608	□President				
□Vice President		□Vice President				
⊠ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other:	Other:	□Other:		□Other:		
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)						
14. Brocke De Marco (Typed or printed name and capacity of person signing application)						



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

LADY LIGHTNING GOLD INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of January, 2022, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of April, 2022.

Elaine J. Marshall

Secretary of State